

on which the yeas and nays are ordered.

The House will resume proceedings on postponed questions at a later time.

MATERNAL VACCINATION ACT

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 951) to direct the Secretary of Health and Human Services to carry out a national campaign to increase awareness of the importance of maternal vaccinations for the health of pregnant and postpartum individuals and their children, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 951

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Maternal Vaccination Act”.

SEC. 2. MATERNAL VACCINATION AWARENESS AND EQUITY CAMPAIGN.

(a) CAMPAIGN.—Section 313 of the Public Health Service Act (42 U.S.C. 245) is amended—

(1) in subsection (a), by inserting “and among pregnant and postpartum individuals,” after “low rates of vaccination,”;

(2) in subsection (c)(3), by striking “prenatal and pediatric” and inserting “prenatal, obstetric, and pediatric”;

(3) in subsection (d)(4)(B), by inserting “pregnant and postpartum individuals and” after “including”; and

(4) in subsection (g), by striking “\$15,000,000 for each of fiscal years 2021 through 2025” and inserting “\$17,000,000 for each of fiscal years 2022 through 2026”.

(b) ADDITIONAL ACTIVITIES.—Section 317(k)(1)(E) of the Public Health Service Act (42 U.S.C. 247b(k)(1)(E)) is amended—

(1) in clause (v), by striking “and” at the end; and

(2) by adding at the end the following clause:

“(vii) increase vaccination rates of pregnant and postpartum individuals, including individuals from racial and ethnic minority groups, and their children; and”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Kentucky (Mr. GUTHRIE) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 951.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, today, we are continuing our work to combat the maternal mortality and morbidity crisis facing our country. The legislation before us will help ensure that pregnant women and their healthcare providers are aware of the benefits and availability of safe and effective vaccines.

Tragically, the Centers for Disease Control and Prevention reports that about 700 women die each year in the United States as a result of pregnancy or delivery complications.

While there is no one cause of pregnancy-related death or health complications, we know that some illnesses like flu, pertussis, and COVID-19 can cause serious harm to pregnant women, including early labor and delivery and other complications. Vaccines prevent these illnesses and can save the lives of pregnant and postpartum women and their children.

However, despite strong evidence of vaccines’ safety and efficacy, vaccine uptake among pregnant women is far below targeted goals.

We can and should do more to increase the vaccination rate of pregnant women. H.R. 951, the Maternal Vaccination Act, will ensure that our vaccination outreach and awareness campaigns and public health grant programs include outreach to obstetric healthcare providers, as well as pregnant and postpartum women. The legislation will also ensure that we are reaching women from racial and ethnic groups and their children.

Mr. Speaker, I urge all Members to support this commonsense public health effort, and I reserve the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, current data clearly suggests that vaccinations for women during pregnancy can protect mothers and newborns against infectious diseases. The Centers for Disease Control and Prevention has long recommended various vaccinations for pregnant women to improve maternal and infant health outcomes.

Despite these recommendations, vaccination rates among pregnant women remain relatively low. But according to the American College of Obstetricians and Gynecologists, when a vaccine recommendation comes directly from a patient’s own OB-GYN, the likelihood of accepting that vaccine could be up to 50 times higher.

The Maternal Vaccination Act requires the Secretary of Health and Human Services to include obstetric providers in existing vaccination public awareness campaign programs to help increase vaccinations among pregnant and postpartum women.

Mr. Speaker, I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I urge support for this legislation, and I yield back the balance of my time.

Ms. JACKSON LEE. Mr. Speaker, I rise in proud support of H.R. 951 “The Maternal Vaccination Act.”

I would like to thank Congresswoman SEWELL for introducing this legislation.

This bill establishes a national campaign to raise awareness and increase rates of maternal vaccinations and calls for the CDC to consult with various stakeholders to carry out this campaign.

In addition, the CDC must focus on increasing vaccination rates among communities with

historically high rates of unvaccinated individuals.

The CDC must also make publicly available any materials and resources developed for the campaign.

In addition, H.R. 951 would instruct the Centers for Disease Control and Prevention to broaden a public awareness campaign on vaccinations to include pregnant and postpartum individuals and require the campaign to disseminate vaccine information to providers and facilities that provide obstetric care.

The bill would also authorize an additional \$2 million annually from 2021 through 2025 for the vaccination awareness campaign.

This bill would put pregnant women at the focus of the fight to combat COVID-19.

As the Chair of the Congressional Coronavirus Task Force, I have used every means possible to sound the alarm about the seriousness of the COVID-19 virus.

On February 10, 2020, I held the first press conference on the issue of COVID-19 at Houston Intercontinental Airport.

I then held a second press conference on February 24th to continue efforts to raise public knowledge of the impending threat.

On February 26th, I wrote the Chair and Ranking Member of the Committee on Homeland Security requesting to be briefed by Acting Secretary of Homeland Security Chad Wolf regarding the preparedness of the Department of Homeland Security to address a possible pandemic.

On March 19th, I announced an innovative partnership with United Methodist Medical Center (UMMC) to open the first drive-through Coronavirus Test Screening facility in the Greater Houston area, which proved beneficial to everyone in the Greater Houston area, as with UMMC’s help we have opened multiple sites that are located within high-risk communities in the Greater Houston area, to reduce the need for travel to get access to COVID-19 testing.

Since the start of this pandemic, I have sought to proactively address the critical issues and concerns tied to the COVID-19 virus.

As I stated at the beginning of this pandemic, “We must not panic, but prepare.”

I am pleased to see that this bill is not a panic-induced response, but a well-thought-out proposal to further protect our citizens.

When pregnant women get vaccinated, they not only build their immune system to the virus, they also create antibodies for their unborn child.

Throughout history the vaccination of pregnant mothers has shown to be beneficial when it comes to viruses like tetanus, influenza, pertussis.

With this bill we can help newborn children who have not yet developed their immune systems fight off a deadly virus such as COVID-19.

This also gives mothers piece of mind that they’ll be safe as they advance in their pregnancy.

Ms. JACKSON LEE. Mr. Speaker I rise in proud support of H.R. 951, the Maternal Vaccination Act.

I would like to thank Congresswoman SEWELL for introducing this legislation.

This bill establishes a national campaign to raise awareness and increase rates of maternal vaccinations and calls for the CDC to consult with various stakeholders to carry out this campaign.

In addition, the CDC must focus on increasing vaccination rates among communities with historically high rates of unvaccinated individuals.

The CDC must also make publicly available any materials and resources I developed for the campaign.

In addition, H.R. 951 would instruct the Centers for Disease Control and Prevention to broaden a public awareness campaign on vaccinations to include pregnant and postpartum individuals and require the campaign to disseminate vaccine information to providers and facilities that provide obstetric care.

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With this bill we can help newborn children who have not yet developed their immune systems fight off a deadly virus such as COVID-19.

This also gives mothers piece of mind that they'll be safe as they advance in their pregnancy.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 951, as amended.

The question was taken; and (two-thirds being in the affirmative) the

rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

PROMOTING RESOURCES TO EXPAND VACCINATION, EDUCATION, AND NEW TREATMENTS FOR HPV CANCERS ACT OF 2021

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1550) to amend the Public Health Service Act to provide for a public awareness campaign with respect to human papillomavirus, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1550

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Promoting Resources to Expand Vaccination, Education, and New Treatments for HPV Cancers Act of 2021" or the "PREVENT HPV Cancers Act of 2021".

SEC. 2. PREVENTING HPV AND HPV-ASSOCIATED CANCERS; JOHANNA'S LAW.

Section 317P of the Public Health Service Act (42 U.S.C. 247b-17) is amended—

(1) in subsection (c)(1)—

(A) in subparagraph (B), by striking "cervical";

(B) in subparagraph (C), by striking "and" at the end;

(C) in subparagraph (D) by striking "other" and all that follows through "cancer." and inserting "recommended diagnostics for early intervention for, and prevention of, HPV-associated cancers; and"; and

(D) by adding at the end the following:

"(E) the importance of recommended vaccines for prevention of HPV and HPV-associated cancers, including for males;" and

(2) by amending subsection (d) to read as follows:

"(d) JOHANNA'S LAW.—

"(1) NATIONAL PUBLIC AWARENESS CAMPAIGN.—

"(A) IN GENERAL.—The Secretary shall carry out a national campaign to increase the awareness and knowledge of health care providers and individuals with respect to gynecologic cancers, HPV, and HPV-associated cancers, and the importance of HPV vaccines in preventing HPV and HPV-associated cancers.

"(B) WRITTEN MATERIALS.—Activities under the national campaign under subparagraph (A) shall include—

"(i) maintaining a supply of written materials that provide information to the public on gynecologic cancers, HPV, and HPV-associated cancers; and

"(ii) distributing the materials to members of the public upon request.

"(C) PUBLIC SERVICE ANNOUNCEMENTS.—Activities under the national campaign under subparagraph (A) shall, in accordance with applicable law and regulations, include publishing materials in digital or print form, public engagement, and developing and placing public service announcements intended to encourage individuals to discuss with their physicians—

"(i) their risk of gynecologic cancers and HPV-associated cancers; and

"(ii) the importance of HPV vaccines in preventing HPV and HPV-associated cancers.

"(D) TARGETED POPULATIONS.—Activities under the national campaign under subparagraph (A) shall include culturally and linguistically competent public service announcements

and other forms of communication and public engagement under subparagraph (C) targeted to—

"(i) specific higher-risk populations of individuals based on race, ethnicity, level of acculturation, and family history, including African-American and Ashkenazi Jewish individuals;

"(ii) communities with high rates of unvaccinated individuals, including males;

"(iii) rural communities;

"(iv) populations affected by increasing rates of oropharynx cancers;

"(v) health care providers specializing in assisting survivors of sexual assault; and

"(vi) such other communities as the Secretary determines appropriate.

"(2) CONSULTATION.—In carrying out the national campaign under this section, the Secretary shall consult with—

"(A) health care providers;

"(B) nonprofit organizations (including gynecologic cancer organizations and organizations that represent communities and individuals most affected by HPV-associated cancers and low vaccination rates);

"(C) State and local public health departments; and

"(D) elementary and secondary education organizations and institutions of higher education.

"(3) DEMONSTRATION PROJECTS REGARDING OUTREACH AND EDUCATION STRATEGIES.—

"(A) IN GENERAL.—

"(i) PROGRAM.—The Secretary may carry out a program to award grants or contracts to public or nonprofit private entities for the purpose of carrying out demonstration projects to test, compare, and evaluate different evidence-based outreach and education strategies to increase the awareness and knowledge of women, their families, physicians, nurses, and other key health professionals with respect to gynecologic cancers, including with respect to early warning signs, risk factors, prevention, screening, and treatment options.

"(ii) SCIENCE-BASED RESOURCES.—In making awards under clause (i), the Secretary shall encourage awardees to use science-based resources such as the Inside Knowledge About Gynecologic Cancer education campaign of the Centers for Disease Control and Prevention.

"(B) PREFERENCES IN AWARDED GRANTS OR CONTRACTS.—In making awards under subparagraph (A), the Secretary shall give preference to—

"(i) applicants with demonstrated expertise in gynecologic cancer education or treatment or in working with groups of women who are at increased risk of gynecologic cancers; and

"(ii) applicants that, in the demonstration project funded by the grant or contract, will establish linkages between physicians, nurses, other key health professionals, health profession students, hospitals, payers, and State health departments.

"(C) APPLICATION.—To seek a grant or contract under subparagraph (A), an entity shall submit an application to the Secretary in such form, in such manner, and containing such agreements, assurances, and information as the Secretary determines to be necessary to carry out this paragraph.

"(D) CERTAIN REQUIREMENTS.—In making awards under subparagraph (A), the Secretary shall—

"(i) make awards, as practicable, to not fewer than five applicants; and

"(ii) ensure that information provided through demonstration projects under this paragraph is consistent with the best available medical information.

"(E) REPORT TO CONGRESS.—Not later than 24 months after the date of the enactment of the PREVENT HPV Cancers Act of 2021, and annually thereafter, the Secretary shall submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report that—